



Montana Nurses Association

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Celebrating 100 Years in 2012!

The Montana Nurses Association (MNA) supports efforts to address our concerns for access to timely and competent mental health care in Montana.

While MNA has opposed this effort in previous legislative sessions by Montana psychologists, we come in support because their efforts to satisfy our concerns relating to adequate educational preparation and development of a national standard for this level of practice. You will hear a great deal of testimony in opposition to this bill claiming that other providers are more educated and better prepared to care for the medication management of Montana citizens who have mental health challenges.

I am here to say that health care providers licensed in the state of Montana are all educated in a manner specified by their particular regulatory Boards. There are differences in education requirements for all health care providers – and those differences should be honored by practitioners regulated under other Boards, rather than used to create perception that one profession is better than another.

When a health professional is educated at the doctoral level, as is the requirement in this bill, he/she has a significant degree of 'educational maturity' and can add to that education more effectively and efficiently. Therefore, taking a master's level pharmacotherapeutics program and sitting for a national certification examination should be sufficient to meet the requirements for prescribing authority of medications used to manage mental health diseases. Even most physician mental health providers (psychiatrists) do not prescribe medications for non-psychiatric conditions even with their 'extensive' foundational medical education.

MNA has been in this position before - when we sought prescriptive authority for Advanced Practice Registered Nurses. There was similar opposition at that time, but it was passed by the Legislature and signed by the Governor. Once again, we are dealing with access to care issues and providers, other than physicians, needed to be able to fulfill this need. APRNs have successfully met these needs for many years now. In fact, at the beginning, we too, had physician involvement in the regulation of these practitioners. Several legislative sessions ago, we were supported by the Board of Medical Examiners to remove the statutory requirement to have a physician member on the Prescriptive Authority Committee under the Board of Nursing, stating that the MBON does a good job of regulating these practitioners and that physician involvement was not necessary.

This bill includes this remedy and even exceeds what was required of the BON in the early years. We have to trust that the Board of Psychology will regulate these practitioners sufficiently and that collaboration with other health care providers will continue to meet the demands of public protection.

We believe it is in the best interest of Montana's citizens that the Board of Psychology implements guidelines and policies related to prescribing practices for psychologists and develop regulations to guide and enforce the policies and practices. This process should be undertaken with the knowledge of challenges and recommendations of other states that have implemented such legislation and with appreciation for the possible challenges to this effort in our frontier state, where we can sadly say that Montana ranks too high in the U.S. in elder and teen suicide, childhood mental health disorders, and PTSD, particularly related to our veterans of war. Let's be a leader in meeting the mental health needs of our citizens and do what is right for Montana.

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